CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION



APR 01 2010

COVER PAGE

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Please typ

Candidate

Election Year: .

A Public Document

ALMIEUA COUNTY AUDITO NAME (MIDDLE) DAYTIME TELEPHONE NUMBER MAILING ADDRESS ZIP CODE OPTIONAL: E-MAIL ADDRESS

(Business Address Acceptable)			
1. Office, Agency, or Court			
Name of Office, Agency, or Court:			
Alameda County Board of Superv. Division, Board, District, if applicable:			
Division, Board, District, if applicable:			
Board of Superisors			
Your Position:			
Found of Supervisors Your Position: Supervisor, 5th District			
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)			
Agency:			
Position:			
2. Jurisdiction of Office (Check at least one box)			
☐ State			
Executive of Alameda			
☐ City of			
Multi-County			
Other			
. Type of Statement (Check at least one box)			
Assuming Office/Initial Date:/			
Annual: The period covered is January 1, 2009, through December 31, 2009.			
-or-			
O The period covered is/, through December 31, 2009.			
Leaving Office Date Left://(Check one)			
O The period covered is January 1, 2009, through the date of leaving office.			
-or-			
O The period covered is/, through the date of leaving office.			

	4. Schedule Summary			
Total number of pages including this cover page:				
	 Check applicable schedules or "No reportable interests." 			
	I have disclosed interests on one or more of the attached schedules:			
	Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)			
	Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)			
	Schedule B			
	Schedule C X Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)			
	Schedule D Yes – schedule attached Income – Gifts			
	Schedule E Yes – schedule attached Income – Gifts – Travel Payments			
-or-				
	No reportable interests on any schedule			

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _

Signature

(File the originally signed statement with your filing official.)

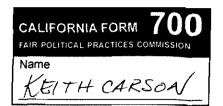
SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
KEITH CARSON

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Gino's for Hair	
ADDRESS (Business Address Acceptable)	AOORESS (Business Address Acceptable)
350 West Portal Ave, SF94127	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beauty Salon	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Hairdresser	
	GROSS INCOME RECEIVED
GROSS INCOME RECEIVED \$500 - \$1,000	\$500 - \$1,000 \$1,001 + \$10,000
\$\$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Losn repayment	Loen repayment
Sale of	Sale of
	(Property, car. boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	VI
Other(Describe)	Other (Describe)
> 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	0
You are not required to report loans from commercial le of a retail installment or credit card transaction, made in	
available to members of the public without regard to yo	
not in a lender's regular course of business must be di	
	13.2 manufacture and is small
NAME OF LENOER*	INTEREST RATE TERM (Months/Years)
	% None
AOORESS (Business Address Acceptable)	SECURITY FOR LOAN
	Nane Personal residence
BUSINESS ACTIVITY, IF ANY. OF LENDER	Tilenter Tilenter (Control tesperator)
	Real Property Street accress
HIGHEST BALANCE OURING REPORTING PERIOD	Sitted Bothess
■ \$500 - \$1,000	City
	City
	City Guarantor
\$1,001 - \$10,000	Guarantor
\$1,001 - \$10,000 \$10,001 - \$100,000	
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor

SCHEDULE D Income - Gifts



▶ NAME OF SOURCE	► NAME OF SOURCE
California State association of Countie	† f
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CSAC Annual Mtg	,
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
11/17/09 \$187.10 Bof Directors Dire	
DATE (mm/dd/yy) VALUE DESCMPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
// s	/
/s	\$
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
comments:	